



TEAM REGISTRATION FORM SEASON 2009 / 2010

CLUB _____	TEAM NAME _____	AGE GROUP _____
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Please glue
Face Only
photo of
Player 1
in this box

Please glue
Face Only
photo of
Player 2
in this box

Please glue
Face Only
photo of
Player 3
in this box

Please glue
Face Only
photo of
Player 4
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Player 5
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Player 6
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Player 7
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Player 8
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Please glue
Face Only
photo of
Player 9
in this box

Please glue
Face Only
photo of
Player 10
in this box

Following the success of last seasons Registration Surgeries you will again be required to submit your completed forms on one of the following evenings at Imber Court (Conference Room 7.30pm-8.30pm)

Monday 29th June, Monday 13th July, Tuesday 21st July, Thursday 30th July, Monday 17th August

Clubs A – G 7.30 pm Clubs N – Z 8.00pm Clubs H – M 8.30 pm.

GUIDELINES FOR COMPLETING THIS FORM (2 PAGES)

- 1) Enter your Club name, Team name (Colts/Juniors/Reds/Blues etc) and Age Group on both pages of this form.
- 2) Glue (not staple) trimmed photo of players face in box corresponding to the players details on page 2 i.e. ensure Player 1 photo matches Player 1 details etc. If folding this form be careful not to crease photos.
- 3) Players details must be entered on page 2 and players must sign to confirm their desire to play for your team. You cannot sign on their behalf.
- 4) Each form is designed for up to 10 players. Mini-Soccer teams may register a maximum 14 players. 11 a side teams up to U16 –maximum 20 players. U17 & above may register up to a maximum 25 players.
- 5) Proof of date of birth is required for each player being registered. This can be last seasons SYL ID card or photocopy (not originals) of birth certificate, passport, medical card etc.
- 6) Club / Team secretary must countersign the form to confirm the details are correct.
- 7) Once completed, bring along to a Registration "Surgery" – dates as above – together with proof of dates of birth and registration fees (£2.50 per player up to 31st July, £6 per player thereafter)

After 17th August 2009 all Registration Forms should be posted to:
Alan Watson, 17 Victoria Drive, Blackwater, Camberley, Surrey GU17 0PL

CLUB _____ **TEAM NAME** _____ **AGE GROUP** _____

Player No	First Name	Surname	Date of Birth	Address	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

ONCE COMPLETED THIS FORM SHOULD BE BROUGHT ALONG TO ONE OF THE REGISTRATION SURGERIES TOGETHER WITH PROOF OF DATES OF BIRTH AND CORRECT REGISTRATION FEES

I hereby certify that I have checked the above details and they are correct. I enclose Birth Certificates or other approved proof of age for each player listed. I accept that I am responsible for the accuracy of all registration details and compliance with League Constitution Clause X and that the omission, incorrect or false completion of the details may render the registration ineligible within the meaning of SYL constitution. The Management Committee would draw all players to note that by signing this Form they agree to comply with clause 8 (a) which states that any player registered with SYL will be considered to be first claim for Inter League and Representative Appointments to this League unless specifically indicated to the contrary at time of registration. This Rule can only be waived with the WRITTEN permission of the Management Committee

SIGNATURE OF CLUB / TEAM SECRETARY _____ **DATE** _____/_____/_____